



Ohio Peace Officer Training Commission Office 800-346-7682 Fax 740-845-2675

2. Social Security Number

P.O. Box 309 London, OH 43140 www.OhioAttorneyGeneral.gov

NOTICE OF PEACE OFFICER APPOINTMENT

- Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
- Type or print legibly and complete all blanks. Enter N/A if not applicable. 2.

- Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns. 3.
- Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
- Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

	TUMP	ALBERT A	LLEN		
3. Previous Name(s) or Alias (Last)		(First)		(Middle)	
4. Birth date (mm/dd/yyyy) 5	Fmail Address			6. Phone Number	
10/19/1958					
7. Home Mailing Address (#/Street/PO Box)	^	(CIV)	(Cip	County Home,	
Basic Training Academy (Academy (Only complete if this is the officer's first appointment or OSP)	emy name)	(Academy Num	nuer) (Dates ut i	ranny)	
	ncy Name erdam Village Pol	ice			
10. Agency Email Address	eruarii viiiage Foi	11. Agency Phone Number	11. Agency Phone Number		
AmsterdamPD24@Yahoo.Com	740-543-3797				
		(City)	(Zip Code) (County Name)		
103 Springfield St. PO Box 11	Amsterdam	Oh	43903		
APPOINTMENT INFORMATION (Complete Date, Status and ORC) 13. New Appointment Date				atus Change Date	
15. Select New StatusFull-Time	Part-Time		eserve ✓ Spe	cial Seasonal	
16. Select New ORC					
City Full-Time/Part-Time (737.02) City Auxiliary/Reserve/Special (737.051) City			51) City Chief (737.02)	
			Village Chi	_ Village Chief (737.15)	
Village Fall-Fillion art Fillion poolar (1977)			Other Chie	Other Chief - List ORC/Charter	
Township Police Officer (505.49) Other - List ORC/Charter	Deputy Sheriff (311.04)	Sheriff (311.01)			
Other - List Ortorollates		sopuly distance (extract)			
ATTESTATION OF REPORTING	AUTHORITY	I have carefully read this docume own free will and volition. I attest and correct and is based on my p acknowledge that submission of the	that the information prov personal knowledge or in	quiry. I further understand and	
17. Signature of Reporting Authority	18. Printed N	ame and Title		9. Date	
Diodica	A Double To	David F. Cimperman Jr. Chief of Police		11,28,2016	
20. Signature of Witness 21. Printed Name (First, Middle, Last) Larry A. Bell, patrolman		ame (First Middle, Last)	2	11 128 2016 11 128,2016	
		and hard manned many	1000		

SF4Ø0adm Page 1 of 2 Effective 07/01/2015 This form may be emailed to: SF400@ohioattorneygeneral.gov

		20
Officer	Mame	(last)

(Middle)

Social Security Number

STUMP

ALBERT

ALLEN

23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Gary Pepperling

Name of Appointing Authority (Typed or Printed Legibly)

Mayor, Village of Amsterdam

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): (2 / 23/80	To(mm/dd/yyyy):
AKRON POLICE DEPARTMENT - SUMMIT 26. Appointment Status (Check Appropriate Box) X Full-Time Part-Time Auxiliary Reserve	0	
27. Appointed By (Agency Name and County): AKRON POLICE DEPARTMENT - SUMMIT	28. From(mm/dd/yyyy): 08 /01 / 2012	To(mm/dd/yyyy): 12 /23 / 28 (6
29. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve	Special Seasonal	
30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy):	To(mm/dd/yyyy):
32. Appointment Status (Check Appropriate Box)Full-TimePart-TimeAuxiliaryReserve	Special Seasonal	
33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy):	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve	SpecialSeasonal	
36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy):	To(mm/dd/yyyy):
38. Appointment Status (Check Appropriate Box) Full-Time Part-Time Auxiliary Reserve	SpecialSeasonal	
39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy):	To(mm/dd/yyyy):
41. Appointment Status (Check Appropriate Box)Full-TimePart-TimeAuxiliaryReser	ve Special Season	nal